

2132

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1209

CERTIFICATE OF DEATH

REGISTRAR'S NO. 44

BIRTH NO.

0207 11 CE OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Cochise</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Cochise</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Douglas</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Douglas</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>1211 15th. St.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1211 15th. St.</u>	
1 1 DECEASED PERSONAL DATA 189 7 349	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>James</u> B. (MIDDLE) <u>Flanigan</u> C. (LAST) <u>Watson</u>			4. SEX <u>Male</u>
	5. COLOR OR RACE <u>White</u>			
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>7</u> YEAR <u>1859</u>	
	8. AGE YEARS <u>39</u> MONTHS <u>11</u> DAYS <u>11</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Merchant</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>West Virginia</u>	
4200 0 0 CAUSE OF DEATH (ITEM 18) ✓	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
	13. SOCIAL SECURITY NO. <u>—</u>			
	14A. FATHER'S NAME <u>Rawley Watson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>West Virginia</u>	
	15A. MOTHER'S MAIDEN NAME		15B. BIRTHPLACE (STATE OR COUNTRY)	
PERATIONS, AUTOPSY 2	16. INFORMANT'S SIGNATURE <u>Henry Watson</u>		17. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>18</u> (YEAR) <u>1949</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cardiac Disease</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE, LAST. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
DEATH DUE TO EXTERNAL INJURY ✓	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
MEDICAL CORONER'S CERTIFICATION 1	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21C. (CITY OR TOWN) (COUNTY) (STATE)			
FUNERAL DIRECTOR AND REGISTRAR 2	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1/25</u> 19 <u>49</u> TO <u>3/18</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>3-18</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>4:00 PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23. SIGNATURE (DEGREE OR TITLE) <u>H. Allen</u>		23B. ADDRESS <u>Douglas, Arizona</u>		23C. DATE SIGNED <u>3/21/49</u>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>March 21-1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Douglas, Arizona</u>		25A. DATE REC'D BY LOCAL REG. <u>Mar. 21-1949</u>		25B. REGISTRAR'S SIGNATURE <u>C. W. Adams</u>
25C. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Brown</u>		25D. ADDRESS <u>Douglas, Ariz.</u>		